



SANTA BARBARA AIRPORT



T-Hangar/Tie-Down Application

Santa Barbara Airport is accepting applications for the Airport administered T-Hangars and Tie Downs. Applications submitted when no T-Hangars or Tie-Downs are available will be placed on a waiting list based on a first come first serve basis, based on the day the application is received by the Airport.

This application is for: T-Hangar ☐ Tie-Down ☐ First Available ☐

Applicant Information:

Name:	E-mail	Phone:	
Address:	City:	State:	Zip:

Aircraft Information:

Aircraft Information:	Aircraft Registration Type:
Registered Owner:	Individual <input type="checkbox"/> Government <input type="checkbox"/>
Make:	Partnership <input type="checkbox"/> Non Citizen Corp. <input type="checkbox"/>
Model:	Corporation <input type="checkbox"/> Non Citizen Co-Owned <input type="checkbox"/>
Registration Number: N	Co-Owned <input type="checkbox"/>
If ownership is held by an entity other than an individual, corporate or partnership documentation must accompany this application.	

Applicant represents that all information provided in this application is true, correct and complete.

Applicant understands that this completed application, along with payment of the \$50 non-refundable administrative fee, entitles Applicant to a place on the T-Hangar/Tie-Down waiting list. Applicant shall be required to demonstrate ownership of the aircraft identified above. Completion of this application does not guarantee the Applicant any future space. Applicant will be required to qualify for and execute a T-Hangar License/Tie-Down Agreement and meet the requirements contained in the rules and regulations prior to occupancy.

Applicant may be denied participation on, or removed from, the waiting list if the information provided on this application is found to be false or incomplete.

Signature:

Date:

Submit completed form to:
Santa Barbara Municipal Airport, Airport Admin.
601 Firestone Road
Santa Barbara, CA 93117

Revised April 2013

Airport Department Use Only			
Application Package Received Date and Time:	Administrative Fee Received by _____	Deposit Received by _____	Aircraft Ownership Verified by _____
	Amt: \$	Amt: \$	
	Total Received: \$		
	Check <input type="checkbox"/> Money Order <input type="checkbox"/>	Check Number: Check Date:	Copy attached <input type="checkbox"/>